



ELECTRICAL PERMIT APPLICATION

Phone: 614.334.2557 Fax: 614.529.6017

Allow 2-3 business days for processing.

The approved permit will be mailed to you.

Visa, Mastercard, Checks &

Money Order payments accepted.

revised for: 2015

Exhibit A

Incomplete or incorrect applications will be returned unprocessed.

Date Applied:

Circle one from each box	
COMMERCIAL	NEW BUILD
Multi-Family	ALTERATION
Sgl. Fam.-Rental	ADDITION

Owner Information:

Owner's name:	<input type="text"/>		
Job Address:	<input type="text"/>	City / State / Zip Code:	<input type="text"/>
Contacts Name:	<input type="text"/>	Contact's Phone Number:	<input type="text"/>
Subdivision	<input type="text"/>	Lot #	<input type="text"/>

Contractor Information:

Contractor Name:	<input type="text"/>	Contractor's Phone #:	<input type="text"/>
Hilliard Registration #:	<input type="text"/>	Contact Name:	<input type="text"/>

PERM.	TEMP.	NO. OF SERV.	SIZE OF SERV.		COST OF SERV.		TOTAL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	100 AMP	X	\$40.00	=	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	150 AMP	X	\$45.00	=	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	200 AMP	X	\$50.00	=	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	250 AMP	X	\$55.00 (complete if over 250 AMP)	=	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>	<input type="text"/> AMP	X	\$0.05 per AMP + \$10.00	=	<input type="text"/>
			(AMT OVER 250 AMP)				

SUB-PANELS:	<input type="text"/>	(Qty)	X	\$7.50 EACH	=	<input type="text"/>
ELECTRIC SIGNS/DISPLAY LIGHTING:	<input type="text"/>	(Qty)	X	\$60.00 EACH	=	<input type="text"/>

DEVICE/FIXTURE BOXES (Fixtures, Receptacles and Switches):

Number of Boxes:	1st box X \$ 5.00	+	<input type="text"/>	x	\$0.50	=	<input type="text"/>
------------------	-------------------	---	----------------------	---	--------	---	----------------------

SPECIAL FIXTURES:

Item:	Qty:	Item:	Qty:			
Disposals	<input type="text"/>	Bath/Kitchen Fan	<input type="text"/>			
Furnace	<input type="text"/>	Dish Washer	<input type="text"/>			
Dryer	<input type="text"/>	Water Heaters	<input type="text"/>			
Ranges	<input type="text"/>	Refrigerator	<input type="text"/>			
Heaters	<input type="text"/>	Miscellaneous	<input type="text"/>			
TOTAL			<input type="text"/>	X \$5.00 each	=	<input type="text"/>

Motors	<input type="text"/>	Transformers	<input type="text"/>			
Generators	<input type="text"/>	Air Conditioners	<input type="text"/>			
TOTAL			<input type="text"/>	X \$4.00 each	=	<input type="text"/>

Electric Furnace:	<input type="text"/>	X	\$ 60.00 each	=	<input type="text"/>
-------------------	----------------------	---	---------------	---	----------------------

MINIMUM FEE \$60.00

Subtotal

(1, 2, & 3 family)

RESIDENTIAL WORK REQUIRES AN ADDITIONAL

1% assesment fee:

Zero out the one that does not apply

(includes 4+ Res units)

NON-RESIDENTIAL WORK REQUIRES AN ADDITIONAL

3% assesment fee:

AMOUNT DUE

In consideration of permission granted, I/we agree to construct said work in all respects in conformity with the National Electric Code, the Laws of the State of Ohio and Ordinances of the City of Hilliard relating thereto.

Permit Number:

Inspection Line: 614.334.2466

Approved by:

Applicant Signature

Building Official

Date

All Electrical Inspections are scheduled for the mornings (9am-Noon), Monday through Friday and must be recorded by 3pm the previous business day. There will be ADDITIONAL CHARGES for after hours and extra inspections. **1309.07 Reinspection Fees:** Whenever more than one inspection for any item covered by this chapter is necessary because of faulty construction, or a trip caused by improper address inability to obtain access, a charge of seventy-five dollars (\$75) shall be made for each additional inspection.